

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL BARRY FOR CONGRESS																												
ADDRESS (number and street) PO BOX 2085																												
CITY, STATE, and ZIP CODE MONROE NC 28111																												
2. NAME OF CANDIDATE DANIEL B BARRY	3. OFFICE SOUGHT (State and District) House NC 09		4. FEC IDENTIFICATION NUMBER C00500710																									
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																												
<table border="1"> <tr> <td rowspan="2">A. FULL NAME, MAILING ADDRESS AND ZIP CODE DANIEL B BARRY 8207 LAKE PROVIDENCE DR WEDDINGTON NC 28104</td> <td>Name of Employer Principal Financial</td> <td rowspan="2">Date (month, day, year) 04/21/2012</td> <td rowspan="2">Amount 15000.00</td> </tr> <tr> <td>Transaction ID : F6.5137 Occupation Insurance Sales</td> </tr> <tr> <td rowspan="2">B. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <td rowspan="2">C. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <td rowspan="2">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <td rowspan="2">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE DANIEL B BARRY 8207 LAKE PROVIDENCE DR WEDDINGTON NC 28104	Name of Employer Principal Financial	Date (month, day, year) 04/21/2012	Amount 15000.00	Transaction ID : F6.5137 Occupation Insurance Sales	B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation	D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation
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SIGNATURE (optional) PAUL KILGORE		DATE 04/23/2012	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																									
[Electronically Filed]																												

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)